

# Conflict of Interest Disclosure Form



**INSTRUCTIONS** Complete this form as a writable PDF. Promptly submit your completed form, and any supporting documentation, according to the instructions on the bottom of page 2. An asterisk (\*) indicates a required field.

<b>First Name*</b>		<b>Last Name*</b>		<b>Date*</b>
<b>Phone*</b>	<b>Email*</b>		<b>Party ID</b>	<b>Writing ID</b>

**DEFINITIONS** Refer to the following definitions when completing this form

**Conflict of Interest:** Occurs when an individual's interests or activities, or those of his/her immediate family, could affect or appear to affect his/her decision making on behalf of UnitedHealthcare or because his/her objectivity could be questioned because of those interest or activities.

**Immediate Family:** A spouse/domestic partner, child, parent, or sibling, including step-relations and in-laws.

**TYPES OF CONFLICT\*** Select ALL applicable conflicts and provide the requested information

**Provider or Business Partner Relationship**

I am (and/or my immediate family member) is an owner, employee, contractor, or consultant of or holds a position of influence with a health care provider or UnitedHealthcare business partner (e.g., equipment provider, vendor, supplier, and manufacturer).

What this might look like:

- You and/or your family owns a medical clinic
- You and/or your family owns an insurance agency
- You are employed at a medical clinic, hospital, or other health care provider
- You are contracted by a genetic/DNA testing company
- You are on the board of directors for a health care provider
- Your spouse owns a durable medical equipment business

Fill in the table below:

Name of Provider or Organization	Provide Details: Who is the owner, employee, contractor, or consultant; what is the position held; and other pertinent information

My immediate family member is employed by UnitedHealth Group or its affiliate. Fill in the table below:

First and Last Name of Your Immediate Family Member who is a UnitedHealth Group Employee	Their Relationship to You (e.g., spouse, father-in-law)

I am employed\* by UnitedHealth Group or its affiliate **AND** have an immediate family member who is an agent appointed with UnitedHealthcare. \* You are considered an employee if you receive a W2 form from a UnitedHealth Group business for tax purposes. Fill in the table below:

First and Last Name of Your Immediate Family Member who is an Agent/Agency	Their Relationship to You (e.g., spouse, father-in-law)

I am employed\* by UnitedHealth Group or its affiliate **AND** am actively contracted with UnitedHealthcare or another insurance carrier. \* You are considered an employee if you receive a W2 form from a UnitedHealth Group business for tax purposes. Fill in the table below:

Name of Insurance Carrier (include UnitedHealthcare if applicable)	Indicate status:
	___ Active ___ Renewals Only
	___ Active ___ Renewals Only
	___ Active ___ Renewals Only

I am employed\* by UnitedHealth Group or its affiliate **AND** actively sell non-UnitedHealthcare products that require a state license (e.g., health, life, property/casualty, financial services), which may or may not compete with UnitedHealthcare Medicare Solutions insurance products. \* You are considered an employee if you receive a W2 form from a UnitedHealth Group business for tax purposes. Fill in the table below:

Name of Carrier or Organization	Products/Services Sold:

**Other** – Most conflicts fall into one of the categories above. If you must disclose a conflict that does not fit into one of those categories, describe the conflict in detail below, including names and relationships as needed:

**Submit form and any supporting documentation to:**

[Agent\\_COI@uhc.com](mailto:Agent_COI@uhc.com)

You will be notified of the determination and any actions you must take.